

DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE - Credentialing Division P.O. Box 94986, Lincoln, Nebraska 68509-4986 402-471-2117

## APPLICATION FOR A FUNERAL DIRECTING AND EMBALMING APPRENTICE REGISTRATION

Please Type or Print Clearly – It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

	<b>SECTION A</b> - APPRENTICE INFORMATION (All applicants must complete this section) This information is public and on the INTERNET under www.hhs.state.ne.us/lis/lisindex.htm									
1 1.	Name	First:				Middle/MI:		Last:		
		i iist.				Wilddie/Wil.		Last.		
2.	Mailing Address:	Street/PO/Route:								
	· ·									
		City:				State:	state:		Zip:	
3.	OPTIONAL -Tele	OPTIONAL -Telephone:								
4.	Social Security Nu	Social Security #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the								
							ian Service's Healthcar			
		T = :	(HIPDB)				1			
5.	Date of Birth:	Date:		6.	Place	of Birth:				
SEC	TION B - FUNERA	L DIREC	TING AND EM	IBALM	IING SU	PERVISOR				
Na	me of Supervisor:								License #:	
Na	me of Back-up Sup	ervisor (if	f applicable):						License #:	
SECTION C – NAME AND LOCATION WHERE APPRENTICESHIP WILL BE COMPLETED – DATE TO BEGIN										
SEC	, I ION C - NAIVIE P	ND LOC	ATION WHER	E APF	PRENTIC	CESHIP WIL	L BE COMPLETED -	DATE T	O BEGIN	
SEC 1	Establishment Na		ATION WHER	E APF	PRENTIC	CESHIP WIL	L BE COMPLETED -	DATE T	O BEGIN	
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		ame:	ATION WHER		PRENTIC	CESHIP WIL	L BE COMPLETED -	DATE T	O BEGIN	
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2	Establishment No	ame: ddress:	Street/PO/Rou		PRENTIC		L BE COMPLETED -			
1	Establishment Na	ame: ddress:	Street/PO/Rou		PRENTIC		L BE COMPLETED -			
2	Establishment Ac  Establishment Ac  Date Apprentice proposed to begin	ame: ddress:	Street/PO/Rou City:	ute:		State:		Zip:		
3 SEC	Establishment Notes   Establishment According   Date Apprentice   proposed to begin	ame: ddress:	Street/PO/Rou City:	ute:		State:	L BE COMPLETED –	Zip:		erving the
3 SEC	Establishment Ac  Establishment Ac  Date Apprentice proposed to begin	ame: ddress: is in:	Street/PO/Rou	ute: (All ap		State:		Zip:		
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3 SEC	Establishment No.  Establishment According to the Apprentice proposed to begin the Establishment According to the Apprentice proposed to begin the Apprentice proposed to be apprentice propose	is in:  RATION  Prvice as st have copt, eviden	Street/PO/Rot City:  CATEGORY ( an apprentice completed at lence of complete)	(All apparent)	plicants of the re	State: must check	the appropriate proces	Zip:	ch they will be se	FEE:
3 SEC appr	Establishment Notes Establishment Action Date Apprentice proposed to begin ETION D - REGISTION D - R	is in:  RATION  Prvice as st have copt, evider amination	Street/PO/Rot City:  CATEGORY ( an apprentice completed at lence of complete)	(All apparent)	plicants of the re	State: must check	the appropriate proces ours of pre-mortuary e	Zip:	ch they will be se	FEE:
3 SEC appr	Establishment No.  Establishment According to the Apprentice proposed to begin the Establishment According to the Apprentice proposed to begin the Apprenticeship)  Full 12 month set (the applicant mu mortuary transcrip Standardized Example 1)	is in: RATION ervice as st have copt, evider amination CESHIP	Street/PO/Rou City:  CATEGORY ( an apprentice completed at le nace of complete)	(All apparent)	plicants of the re	State: must check	the appropriate proces ours of pre-mortuary e	Zip:	ch they will be se	FEE: \$10
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Make fee payable to "Credentialing Division"

**SECTION E** - ATTESTATION (The supervisor, back-up supervisor and apprentice must sign this application) An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

## **SUPERVISOR(S):**

	eby state that I am the person making application, I am of good moral character, and the statements on this cation are true and complete.
	Signature of Supervisor:
	Signature of Back-up Supervisor:
<u>APP</u>	PRENTICE APPLICANT:
	eby state that I am the person making application, I am of good moral character, and the statements on this cation are true and complete.
I furth	ner state that:
	I have not practiced in Nebraska prior to this application for licensure; or
	I have practiced for in Nebraska prior to this application for licensure:
	number of days in Nebraska prior to July 1, 2004 number of days in Nebraska after July 1, 2004
	Signature of Apprentice:
	date:



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## EDUCATIONAL REVIEW FORM FUNERAL DIRECTING AND EMBALMING

SECTION A - APPREN	TICE IN	FORMATION (All applicant	s must complete this	s section)		
Name:	First:		MI:		Last:	
Address:	Street/	PO/Route:			,	
	City:		State:		Zip:	
independently from cour Within these 60 semester process, if the title does coursework must be sub	rsework er hours not clea omitted. are calc	ne following section must be completed in mortuary scien, you must complete the spendy reflect the content, please culated into semester hours	nce college and used ecified semester hou se attach a course de	d towards a mort irs in the areas ic	uary science certif dentified below. To	icate or degree. assist this review
English – at least 6		Course Code and Course	Title:	College/Unive	ersity:	Credit Hours:
semester hours						
Accounting – at		Course Code and Course	Title:	College/Unive	ersity:	Credit Hours:
least 6 semeste	r					
hours						
Chemistry – at I	nact	Course Code and Course	Title:	College/Unive	ersity:	Credit Hours:
8 semester hou				- Consideration	<u>.</u>	
	_					
Biology relating the Human Bod		Course Code and Course	Title:	College/Unive	ersity:	Credit Hours:
at least 12 seme	ester					
nour o						
Psychology /		Course Code and Course	Title:	College/Unive	ersity:	Credit Hours:
Counseling – at						
least 6 semeste						
hours						



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## CHANGE OF FUNERAL DIRECTING & EMBALMING APPRENTICE SUPERVISOR

Please Type or Print Clearly – It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

7	ENTICE INFOR First:	MATION (All app		ust complete this secti			
Name:		MI:	l:		Last:		
Address:	Street/PO/Route:						
	City:		State:		Zip:		
SECTION B - INFOR	RMATION REAL	TING TO NEW S	SUPERVIS	OR			
Name of Supervisor:						License #:	
Name of Back-up Sup	pervisor (if applical	ble):				License #:	
Date change will beco	ome effective:					ı	
SECTION C - ESTA	BLISHMENT WI	HERE YOU WILL	NOW BE	APPRENTICING			
Establishment Name:							
Address:	Street/PO/Route:						
		City:		State:	Z	Zip:	
Date change will beco	ome effective:				•		
SECTION D - ATTES	STATION (The	supervisor, back-	-up superv	isor and apprentice m	ust sign	this application)	
SUPERVISOR(S I hereby state that I ar are true and complet	m the person ma	king application, l	I am of goo	d moral character, and	d the stat	ements on this application	
	Signature of Supervisor:						
	Sig	nature of Back-up	o Supervise	or:			
APPRENTICE: I hereby state that I a application are true a		aking application	, I am of go	ood moral character, a	and the s	statements on this	
	Sigi	nature of Apprent	tice:				